

**MEDFORD**  
**Complete Integrative Care**  
 3144 State St., Medford, OR 97504  
 3132 State St., Medford, OR 97504  
 (541) 773-9772  
 (541) 773-1113



**EAGLE POINT**  
**Complete Care Health Centers**  
 1296 South Shasta Ave.  
 Eagle Point, OR 97524  
 (541) 830-4325  
 (541) 826-2620

## Non-Covered Service Waiver

I, \_\_\_\_\_, DOB \_\_\_\_\_ understand that the laboratory services listed below may not be considered eligible for benefits (services might be determined not medically necessary, non-covered, or investigational) by my health insurance provider. I understand that my health insurance coverage has certain restrictions and limitations, such as prior authorization requirements and non-covered services guidelines. By signing this form, I understand that I am agreeing in advance to receive these specific services and to pay for the services indicated below if my insurer denies payment because the services are not covered by my health insurance plan.

|  |  |         |
|--|--|---------|
|  | Prostate-specific antigen, PSA (CPT 84153) | \$54.00 |
|  | 25 Hydroxy Vitamin D (CPT 82306)           | \$85.00 |
|  | Lipid Panel (CPT 80061)                    | \$46.00 |
|  | Ferritin (CPT 82728)                       | \$46.00 |
|  | TSH (CPT 84443)                            | \$49.00 |
|  | Free T4 (Thyroxine) (CPT 84439)            | \$44.00 |
|  | Vitamin B12 (CPT 82607)                    | \$50.00 |
|  | CMP (CPT 80053)                            | \$36.00 |
|  | Phosphorus (CPT 84100)                     | \$13.00 |
|  | Insulin (CPT 83525)                        | \$54.00 |

Signed: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Phleb. Initial: \_\_\_\_\_